FORM D

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

OMB APPROVAL 3235-0076 OMB Number: April 30, 2008 Expires: Estimated average burden hours 16.00 per response

PROCESSED
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THOMSON REUTERS

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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Prefix				٠	Serial
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Name of Offering ( check if this is an amendment and name has changed, and indicate change Cabot Oil & Gas Corporation private offering of common stock	2.)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506  Type of Filing: Amendment	Section 4(6) ULOE SEC Mail Processing
A. BASIC IDENTIFICATION DATA	Section
Enter the information requested about the issuer	APR 2 12008
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Cabot Oil & Gas Corporation	Washington, DC
Address of Executive Offices (Number and Street, City, State, Zip Code) 1200 Enclave Parkway, Houston, Texas 77077	Telephone Number (Including Alea Code) 281-589-4600
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Oil and gas exploration and production	AND AND AND AND AND AND AND AND
Type of Business Organization    corporation	spec 08046262 —
Actual or Estimated Date of Incorporation or Organization:    Month   Year     1   2   8   9	

## GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA									
2. Enter the information requested for the following:									
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual) Cabot, John G.L.									
Business or Residence Address (Number and Street, City, State, Zip Code) 1200 Enclave Parkway, Houston, TX 77077	· · · · · · · · · · · · · · · · · · ·								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual) Carmichael, David M.	. <u>.</u> .								
Business or Residence Address (Number and Street, City, State, Zip Code) 1200 Enclave Parkway, Houston, TX 77077									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer	□ Director	General and/or Managing Partner							
Full Name (Last name first, if individual) Dinges, Dan O.									
Business or Residence Address (Number and Street, City, State, Zip Code) 1200 Enclave Parkway, Houston, TX 77077									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	□ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual) Keiser, Robert L.									
Business or Residence Address (Number and Street, City, State, Zip Code) 1200 Enclave Parkway, Houston, TX 77077									
Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual) Kelley, Robert									
Business or Residence Address (Number and Street, City, State, Zip Code) 1200 Enclave Parkway, Houston, TX 77077									
Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer	Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual) Peacock, P. Dexter	= =								
Business or Residence Address (Number and Street, City, State, Zip Code) 1200 Enclave Parkway, Houston, TX 77077									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer		General and/or Managing Partner							
Full Name (Last name first, if individual) Vititoe, William P.									
Business or Residence Address (Number and Street, City, State, Zip Code) 1200 Enclave Parkway, Houston, TX 77077									
Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual) Walen, Michael B.									
Business or Residence Address (Number and Street, City, State, Zip Code) 1200 Enclave Parkway, Houston, TX 77077	-								
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		quested for the fol	<del>-</del>			
	-			within the past five years;		
	ch beneficial ov curities of the is:		wer to vote or dispose, or	r direct the vote or disposi	tion of, 10% or m	ore of a class of equity
• Ea	ch executive of	ficer and director o	of corporate issuers and o	f corporate general and ma	anaging partners o	f partnership issuers; and
• Ea	ch general and i	nanaging partner o	of partnership issuers.			
Check Box(	es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name ( Schroeder, !	Last name first, Scott C.	, if individual)				
		ress (Number and uston, TX 77077	Street, City, State, Zip C	ode)		
Check Box(	(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Arnold, J. S	****					
		ress (Number and uston, TX 77077	Street, City, State, Zip C	ode)		
		Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name ( Drake, Rob	Last name first ert G.	, if individual)				
		ress (Number and uston, TX 77077	Street, City, State, Zip C	ode)		
Check Box(	es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name ( Garza, Abra	Last name first tham D.	, if individual)				
		ress (Number and uston, TX 77077	Street, City, State, Zip C	ode)		
Check Box(	es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name ( Hutton, Jeff	Last name first	, if individual)				
		ress (Number and uston, TX 77077	Street, City, State, Zip C	ode)		
Check Box(	es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name ( Liberatore,	Last name first Thomas S.	, if individual)				
		ress (Number and uston, TX 77077	Street, City, State, Zip C	ode)		
Check Box(	es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name ( Machesney,	Last name first Lisa A.	, if individual)				
		ress (Number and uston, TX 77077	Street, City, State, Zip C	ode)	,	
Check Box(	es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name ( Smyth, Hen	Last name first ry C.	, if individual)				
Business or	Residence Add	ress (Number and	Street, City, State, Zip C	ode)		
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A. BASIC IDENTIFICATION DATA

A. BASIC IDENTIFICATION DATA										
2. Enter the information requested for the following:										
• Each promoter of the issuer, if the issuer has been organized within the past five years;	• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;										
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and										
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>										
Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer	Director	☐ General and/or Managing Partner								
Full Name (Last name first, if individual) FMR LLC										
Business or Residence Address (Number and Street, City, State, Zip Code) 82 Devonshire Street, Boston, MA 02109										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner								
Full Name (Last name first, if individual) Wellington Management Company, LLP										
Business or Residence Address (Number and Street, City, State, Zip Code) 75 State Street, Boston, MA 02109										
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer	Director	General and/or Managing Partner								
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or Managing Partner								
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or Managing Partner								
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or Managing Partner								
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or Managing Partner								
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or Managing Partner								
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)		,								
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					В	INFO	RMATIO	N ABO	J <b>T OFF</b> I	ERING					
1	Has the ice		an daaa t	ha isanan	intand ta			ditad ins	aatawa in :	this affan	ima?			Yes	No ⊠
1.	rias the iss	iuer soia,	or does t										••••••	L	
Answer also in Appendix, Column 2, if filing under ULOE  2. What is the minimum investment that will be accepted from any individual?											.\$3.50	0.000			
											Yes	No			
3.	3. Does the offering permit joint ownership of a single unit?											🔲	$\boxtimes$		
4.	commission of states, li	on or sim to be list ist the na	ilar remu sted is an me of the	neration associate broker o	for solici d person or dealer.	tation of or agent If more	purchase of a bro than five	ers in cor ker or de e (5) pers	inection valer regis	with sale tered wit listed ar	s of secur th the SE e associat	rities in t C and/or ted perso	lirectly, any the offering. with a state ns of such a		
Ful	l Name (Las	st name f	irst, if inc	dividual)											
Bus	siness or Re	sidence A	Address (	Number a	and Stree	t, City, S	tate, Zip	Code)							
Naı	me of Assoc	iated Bro	oker or D	ealer		-							·· <u>·</u>	, ,	
Sta	tes in Which	h Person	Listed Ha	as Solicit	ed or Inte	ends to Se	olicit Pur	chasers							
	(Check "A	ll States'	or check	individu	al States	)			• • • • • • • • • • • • • • • • • • • •		••••••	•••••	•••••	🔲 4	All States
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	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA		
	RI	sc	SD	TN	TX	UT	VT	VA	ΜA	₩V	WI	WY	PR		
Ful	l Name (Las	st name f	irst, if inc	dividual)											
Bus	siness or Re	sidence A	Address (	Number a	and Stree	t, City, S	tate, Zip	Code)							
Naı	me of Assoc	iated Br	oker or D	ealer								_			
Sta	tes in Whicl	h Person	Listed Ha	as Solicit	ed or Inte	ends to Se	olicit Pur	chasers							
	(Check "A	ll States'	or check	individu	al States	) <u>.</u>			••••••					🔲 🔏	All States
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	ΗI	ID		
	IL	IN	ΙA	KS	KY	LA	ME	MD	MA	ΜI	MN	MS	MO		
	MT	NE	NV	NH	NJ	МИ	NY	NC	ND	ОН	OK	OR	PA		
	RI	SC	SD	TN	TX	UT	VT	AV	WA	WV	WI	WY	PR		
Ful	l Name (Las	st name f	irst, if inc	dividual)								<u> </u>			
Bus	siness or Re	sidence A	Address (	Number	and Stree	t, City, S	tate, Zip	Code)		· · ·					,
Naı	me of Assoc	iated Br	oker or D	ealer		. =							· - · · -		
Sta	tes in Whicl	h Person	Listed Ha	as Solicit	ed or Inte	ends to Se	olicit Pur	chasers							
												•••••	•••••	🔲 4	All States
	ĀL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID		
	III.	IN	IA	KS	KY	LA	ME	MD	MA	MI	MM	MS	MO		
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA		
	RI	sc	SD	TN	TX	ŪT	VT	VA	WA	WV	WI	WY	PR		

SEC 1972 (6-02) AUS01:504199.2 Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	APPENDIX		
	(Use blank sheet, or copy and use additional copies of	this cheet, as necessary)	
	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPE		FDC
1.	Enter the aggregate offering price of securities included in this offering and the to		ÆD3
1.	already sold. Enter "0" if answer is "none" or "zero." If the transaction is an		
	offering, check this box and indicate in the columns below the amounts of the	e securities	
	offered for exchange and already exchanged.	A garagata	Amount
	Type of Security	Aggregate Offering Price	Already Sold
	Debt	\$ 0	\$ 0
	Equity	\$ 3,500,000	\$ _3,500,000
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$ <u>0</u>	- \$ 0
	Partnership Interests Other (Specify	\$ 0 \$ 0	- \$ <u>0</u>
	Total	\$ 3,500,000	\$ 3,500,000
	Answer also in Appendix, Column 3, if filing	g under ULOE.	
2.	Enter the number of accredited and non-accredited investors who have purchased in this efforing and the accredited dellar arrounts of their numbers. For a ffeeting this contract of their numbers of their numbers of their numbers.		
	in this offering and the aggregate dollar amounts of their purchases. For offer Rule 504, indicate the number of persons who have purchased securities and the		
	dollar amount of their purchases on the total lines. Enter "0" if answer is "none" o		
			Aggregate
		Number of Investors	Dollar Amount of Purchases
	Accredited Investors	1 1114651015	\$ 3,500,000
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing	g under ULOE.	
2	Michie Cilia is Communication and a P. L. SOA as SOS and the incommission	-4- 3 C 11	
3.	If this filing is for an offering under Rule 504 or 505, enter the information reque securities sold by the issuer, to date, in offerings of the types indicated, in the t		
	months prior to the first sale of securities in this offering. Classify securities by ty		
	Part C - Question 1.	<b></b>	
	Type of Offering	Type of Security	Dollar Amount
	Rule 505	500	Sold \$
	Regulation A		\$
	Rule 504		_ \$
	Total		_ \$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribu	ution of the	
٦.	securities in this offering. Exclude amounts relating solely to organization expe		
	issuer. The information may be given as subject to further contingencies. If the	amount of	
	an expenditure is not known, furnish an estimate and check the box to the estimate.	left of the	
	·		<b>c</b> r
	Transfer Agent's Fees Printing and Engraving Costs		\$ \$
	Legal Fees	$\boxtimes$	\$ 50,000
	Accounting Fees		\$
	Engineering Fees Sales Commissions (specify finders' fees separately)		<u>\$</u>
	Sales Commissions (specify finders' fees separately)		Φ

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	APPENDIX	
Other Expenses (identify) Total		\$ 50,000

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	APPENDIX					
C. OFFERING PRICE	E, NUMBER OF INVESTORS, EX	XPENSES A	ND USI	E OF PROCE	EDS	
b. Enter the difference between the aggr Question 1 and total expenses furnishe difference is the "adjusted gross proceeds	regate offering price given in responsed in response to Part C — Quest	nse to Part C			\$_*	
5. Indicate below the amount of the adjusted used for each of the purposes shown. If the estimate and check the box to the left of equal the adjusted gross proceeds to the idea above.	the amount for any purpose is not known the estimate. The total of the payme	nown, furnish nents listed mu C — Questio	an ust ons	-2		
				to Officers, & Affiliates	Payments to Others	;
Salaries and fees			\$		□ \$	
De-land Caral arter			\$			
Purchase, rental or leasing and installation						
Construction or leasing of plant building			· \$		□ \$	
Acquisition of other businesses (including	ing the value of securities		*		L +	
involved in this offering that may be use	ed in exchange for the	_	• •		<b>□</b> •	
assets or securities of another issuer purs	***************************************		<u> </u>		□ \$	
Repayment of indebtedness			\$		□ \$	
Working capital			, \$		<b>S</b>	
Other (specify):		<u> </u>	, \$		\$	
Column Totals		🗆	\$		<b>S</b>	
Total Payments Listed (column totals ad	dded)	******************		⊠ \$ <u>*</u>		
* The securities were issued in connection wit			oceeds.			
	D. FEDERAL SIGNATI	URE				_
The issuer has duly caused this notice to be signal following signature constitutes an undertaking of its staff, the information furnished by the is	g by the issuer to furnish to the U.S. S	Securities and	d Exchar	nge Commissio	on, upon written reques	st _
Issuer (Print or Type)	Signature A		Date			_
Cabot Oil & Gas Corporation	Jusa TM Maches	ney	April	1 16, 2008	· <del></del>	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	<i>[</i> -				_
Lisa A. Machesney	Vice President, Managing Counse	el and Corpo	rate Seci	retary		
				ENC	)	
Intentional misstatements or	ATTENTION r omissions of fact constitute feder	ral criminal	violation	ns (See 18 U.	S.C. 1001.)	_

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